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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/766,095
	Filing Date	January 27, 2004
	First Named Inventor	Woonza M. RHEE
	Art Unit	1615
	Examiner Name	Thurman K. PAGE
	Attorney Docket Number	2500-2287.08
Mail Stop	Commissioner for Patents	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee(s) due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check for \$____ <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Request to Add Omitted Inventor in Provisional Application Under 37 CFR 1.48(d) <input type="checkbox"/> Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

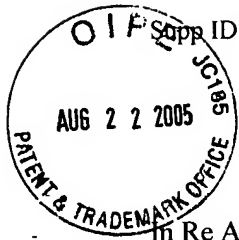
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Karen Canaan, Reg. No. 42,382 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature		Date	August 16, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Cuevas		
Signature		Date	August 16, 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Woonza M. RHEE et al.

Confirmation No.: 3196

Serial No.: 10/766,095

Group Art Unit: 1615

Filing Date: January 27, 2004

Examiner: Thurman K. PAGE

Title: DEHYDRATED, SHAPED MATRIX AND USE THEREOF IN THE TREATMENT OF
VASCULAR MALFORMATION

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This Supplemental Information Disclosure Statement is submitted for the Examiner's consideration. Applicants respectfully request that the Examiner review and make of record the reference identified below. A PTO-1449 form listing the reference accompanies this paper. Applicants respectfully request that the Examiner initial and return a copy of the PTO-1449 form to applicants with the next Office Communication so that applicants can confirm that the reference has been reviewed and made of record. The reference is as follows:

U.S. PATENT DOCUMENTS		
Document No.	Issue Date	Patentee
5,505,952	04/09/1996	Jiang et al.


As the subject application was filed after June 30, 2003, and the reference is a United States Patent, a copy of the reference is not required and, therefore, is not included.

As this Supplemental Information Disclosure Statement is being filed before the mailing of a first Office Action on the merits, no fee is required for this filing; however, if the Office deems that a fee is necessary in order to process this filing then the Commissioner is authorized to charge the necessary fee under 37 C.F.R. §§ 1.16, 1.17, and/or 1.21 that may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-0580.

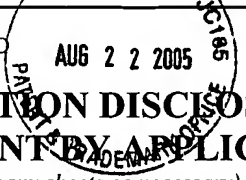
This Supplemental Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that the reference disclosed herein constitutes prior art to the present application within the meaning of 35 U.S.C. § 102.

Respectfully submitted,

By:


Karen Canaan
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Substitute for form 1449A/PTO					
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				<i>Complete if Known</i>	
				Application Number	10/766,095
				Filing Date	January 27, 2004
				First Named Inventor	Woonza M. RHEE
				Art Unit	1615
				Examiner Name	Thurman K. PAGE
Sheet	1	of	1	Attorney Docket Number	2500-2287.08

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	Document No.	Issue Date or Publication Date	Name of Patentee or Applicant of Cited Document	Class	Filing Date if Appropriate
	HJ	5,505,952	04/09/1996	Jiang et al.		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.